

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <u>09808238</u> | FILING DATE <u>03-15-01</u> | | | | | |
|----------------------------------------------------------------------------------|----------|------|------------------------|------|------------------------|------|-------------------------------|--------------------------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
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| TOTAL IND. | 3 | | | | | | | | | | | | |
| TOTAL DEP. | 3 | | | | | | | | | | | | |
| TOTAL CLAIMS | 6 | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS